



**Transfer Agreement for the Offshore Subcategory of the Oil and Gas Extraction Point Source Category for the Western Portion of the Outer Continental Shelf of the Gulf of Mexico (GMG290000).**

U.S. EPA Region 6  
Offshore General Permits  
Mail Code 6EN-WC  
P.O. Box 50625  
Dallas, TX 75250-0625

Submission of this completed Transfer Agreement (TA) constitutes notice that Operator A intends to transfer National Pollutant Discharge Elimination System (NPDES) permit coverage to Operator B, to be authorized to discharge pollutants to Federal waters of the Gulf of Mexico seaward of the outer boundary of the territorial seas offshore of Louisiana and Texas [69 Fed. Reg. No. 194, p. 60150, October 7, 2004, [www.epa.gov/region6/6wq/6wq.htm](http://www.epa.gov/region6/6wq/6wq.htm). Submission of the TA also constitutes notice that Operator A already has permit coverage for leases and blocks identified in Section D; that Operator B has read, understands, and meets the eligibility conditions in the Regulated Entities section of the Final General Permit for the above mentioned permit and Operator B agrees to comply with all applicable terms and conditions of the General Permit. This transfer is authorized by, and in accordance with 40 CFR 122.61(a). This TA must be administratively complete for permit coverage to be transferred. Additional guidance is available at [www.epa.gov/region6/offshore](http://www.epa.gov/region6/offshore).

**Operator A: Permittee transferring permit coverage to Operator B.**

Permit Number assigned to Operator A for facilities identified in Section D: GMG29 \_\_\_\_\_

1. Operator Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number & E-mail: \_\_\_\_\_

2. Mailing Address (Street or PO Box): \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

**Operator B: Legal entity ("person") receiving permit coverage from Operator A.**

Permit Number of Operator B, if they already have permit coverage: GMG29 \_\_\_\_\_

1. Operator Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number & E-mail: \_\_\_\_\_

2. Mailing Address (Street or PO Box): \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Section C: Effective Date of this Transfer Agreement (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Section D: List of offshore lease areas and block numbers assigned by the Department of Interior or the State. State whether non-aqueous based drilling fluid (synthetic based muds (SBMs)) outfall coverage is needed for each lease area and block. (Y=Yes, N=No).

	SBM Y/N	EPA Use		SBM Y/N	EPA Use
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		

For additional offshore lease area/blocks, please list the names on another page with the certification statement, signatures of authorized officials, and dates.

Section E: Is this TA intended to transfer the entirety of Operator A's NPDES cover for the lease area(s)/block(s) listed in Section D to Operator B? ☐ Yes ☐ No If "No", please clearly describe the portion of Operator A's coverage to be transferred to Operator B and that portion to be retained by Operator A in an attachment to this TA.

**Section F: Certification by entities identified as Operators A&B:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**Operator A** Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Title: \_\_\_\_\_

**Operator B** Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Title: \_\_\_\_\_



**Transfer Agreement for the Offshore Subcategory  
of the Oil and Gas Extraction Point Source Category  
for the Western Portion of the Outer Continental  
Shelf of the Gulf of Mexico (GMG290000).**

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# Instructions

This form is an optional form prepared to assist in the completion of the Transfer Agreement (TA) of permit coverage under the EPA Region 6 Western Outer Continental Shelf National Pollutant Discharge Elimination System (NPDES) permit [69 Fed. Reg. No. 194, p. 60150, October 7, 2004, in accordance with 40 CFR 122.61(a) and Part I.A.2. of the permit. The permit language can be found on the internet at [www.epa.gov/region6/6wq/6wq.htm](http://www.epa.gov/region6/6wq/6wq.htm). TA's may be filed under this permit by Operator A if the permit has expired, coverage has been administratively continued and the replacement general permit has not yet been issued.

**40 CFR 122.61(a):**

Transfers by modification. Except as provided in paragraph (b) of this section, a permit may be transferred by the permittee to a new owner or operator only if the permit has been modified or revoked and reissued (under Sec. 122.62(b)(2)), or a minor modification made (under Sec. 122.63(d)), to identify the new permittee and incorporate such other requirements as may be necessary under CWA.

**Where to File the TA Form:** U.S. EPA Region 6  
Water Enforcement Branch (6EN-WC)  
P.O. Box 50625  
Dallas, TX 75250-0625

## Completing the TA Form:

Please ensure all sections and requirements of this TA form have been completed. Failure to submit a completed TA will delay coverage as the omitted data will have to be requested and submitted prior to transfer coverage. You will only receive SBM outfall assignments and Discharge Monitoring Report forms for those properties you identify as using SBMs.

The effective date in Section C must be either on or after the postmark date for which you submit this TA.

TA Certification: Federal statutes provide for severe penalties for submitting false information on this application form. The certifications must be made in accordance with the permit language and 40 CFR 122.22 and by authorized officials. The certification signatory for Operator A can be by someone who has been properly delegated authority by an authorized official and documented in EPA's NPDES file for the permittee. However, the certification signatory for Operator B must be by an actual authorized person because a permittee cannot delegate signatory authority until permit coverage is obtained. The following describes an authorized official from 40 CFR 122.22.

For a corporation. By a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (i) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

For a partnership or sole proprietorship. By a general partner or the proprietor, respectively; or

For a municipality, State, Federal, or other public agency. By either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes: (i) The chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

## Who is not authorized under this general permit:

Facilities which adversely affect properties listed or eligible for listing in the National Register of Historic Places. Also, discharges into Areas of Biological Concern are not authorized by this permit.

